

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/510,378**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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31	1					
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34		1				
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36	1					
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38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46	1					
47	1					
48	1					
49	1					
50		1				
TOTAL IND.	9					
TOTAL DEP.	19					
TOTAL CLAIMS	28					

	*AND A		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
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TOTAL CLAIMS						